

Guidelines for OVHA Coverage

ITEM: Enteral Nutrition

DEFINITION: Enteral nutrition is the provision of nutritional requirements through a tube into the stomach or small intestine. (Tricenturion) It is for individuals who, through chronic illness or trauma, cannot be sustained through oral feeding on a long-term basis. (Medicare)

GUIDELINES:

Enteral nutrition should be utilized for the individual who:

- Has a functional gastrointestinal tract AND
- Because of pathology or nonfunctioning of the structures of the digestive system cannot maintain weight and strength commensurate with his/her general condition AND
- Has a nasogastric, jejunostomy or gastrostomy tube AND
- Has a caregiver who has been trained to provide the feedings available to assist, OR the individual can do the feedings independently.

Partial impairments: Coverage can be considered for individuals who have partial impairments, such as a dysphagic individual who can swallow certain types of food, or an individual with Crohn's disease who requires prolonged infusion of enteral nutrients to overcome a problem with absorption. (Tricenturion)

Enteral products that are administered orally are covered during a transition period from enteral to oral-only feedings. Regular foods, including baby food are not covered. Regular infant formulas such as Enfamil or Similac that are used with the enteral system are covered when the child is using a standard formula for enteral feeding AND the amount exceeds what WIC will provide; then Medicaid will cover the excess. In any other case the formula will be considered a food and will not be covered by Medicaid.

Limits: Enteral supplies are limited to the supplies directly relating to the feeding program. All other items need to be billed separately. Enteral supplies are limited to \$220 per month maximum.

Hi Tech: Children under the age of 18 qualify as Hi Tech with one modality of care. Adults require 2 modalities of care.

Reimbursement:

Dual eligible beneficiaries: do not require Prior Authorization.

Only fee for service Medicaid beneficiaries are authorized.

Pumps: Enteral nutrition can be administered via gravity, syringe, or pump. If there are complications with the gravity or syringe methods, supporting documentation must be presented for coverage of a pump.

CAUTIONS: Enteral nutrition is not covered for individuals whose inability to ingest food orally is due to anorexia or nausea associated with mood disorders. (Tricenturion)

EXAMPLES OF DIAGNOSES: Cancer of the neck or head with reconstructive surgery; central nervous system disorders that interfere with the mechanics of digestion such as cerebrovascular accident, cerebral palsy, Parkinson's disease, muscular dystrophy, multiple sclerosis.

REFERENCES:

Complete Guide to Medicare Coverage Issues. St. Anthony Publ., Nov. 2001. Ingenix Inc., Reston, VA.

Local Medical Review Policies. Tricenturion LLC, Columbia, SC.

www.tricenturion.com.

Medical Director's signature: _____

OVHA Director's signature: _____

Date:

Revision 1:

Revision 2:

Revision 3: